

**THE DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION  
CHILD CARE ENHANCEMENT/ IMPROVEMENT GRANT APPLICATION**

**I. PERSONAL INFORMATION**

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ (work) \_\_\_\_\_ (home)

Social Security #\_\_\_\_\_ or Federal Tax ID\_\_\_\_\_ (TIN #)

**II. BUSINESS INFORMATION**

The Child Care setting is \_\_\_\_\_ Currently operating  
\_\_\_\_\_ Proposed (anticipated  
opening date: \_\_\_\_\_)  
(A license must have been applied for !)

Name of Facility\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ County\_\_\_\_\_ Zip\_\_\_\_\_

Type Child Care                      Total # of children licensed for (Licensed Capacity)

___ Family Day Care Home	_____
___ Day Care Center	_____ (Total)
___ Infant/Toddler care	_____
___ Preschool	_____ (Breakdown)
___ School-age care	_____

\_\_\_ For-Profit      \_\_\_ Non-Profit      License/Regis.# \_\_\_\_\_

**III. GRANT REQUEST**

AMOUNT OF FUNDS REQUESTED \_\_\_\_\_

(Licensed/registered homes maximum of \$2500; Day Care Centers licensed for up to 50 kids maximum of \$5000; Day Care Centers licensed for 50 or more kids maximum of \$7500)

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Use of funds—Please state specifically why you are requesting grant funding and what you intend to do with the funds. Also, explain how this will improve, enhance, expand or allow for the operation of your program. **THIS GRANT MAY NOT BE USED TO PAY EXISTING BILLS; IT MAY NOT BE USED FOR NEW CONSTRUCTION, FOR REMODELING EXCEPT FOR MINOR REMODELING TO COMPLY WITH HEALTH AND SAFETY STANDARDS REQUIRED FOR CHILD CARE LICENSING, OR TO PURCHASE ITEMS AVAILABLE THROUGH OTHER SOURCES. OFFICE AND ELECTRONIC EQUIPMENT SUCH AS COMPUTERS, COPIERS, TV'S, ETC. ARE NOT ALLOWABLE ITEMS.** (This section is required for all applicants.)

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(Use attachments or additional pages as needed.)

**IV. Verification of Need:**

Attach a statement or a Licensing Compliance Record Form 521 from the local child care licensing specialist, a child nutrition sponsor, or the registry specialist. If you are currently licensed or registered this statement must verify the current status of the child care license or registration and grant request. If you are applying for a proposed child care facility, a letter from the Child Care Licensing Specialist is required verifying that contact has been made and you have applied for a license. Failure to begin operation/receive licensure within 120 days of receipt of grant funding will require the applicant to repay in full the grant funds.

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**V. PLEASE LIST IN ORDER OF PRIORITY THOSE ITEMS WHICH WILLBE PURCHASED WITH THE GRANT FUNDING.**

Include a description of the items and the actual cost of each item. If your plan includes minor **remodeling/renovation** (only those items which are required for health and safety standards) or fencing, (allowable only for day care centers), include an estimate for these types of costs.

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(Use attachments or additional pages as necessary)

- VI. Verification of age-appropriate immunizations for all children enrolled is to be completed on the immunization form attached.**  
This includes actual dates of immunizations and date of birth for each child. Verification of immunizations are not required for school-age children.
- VII.** I \_\_\_\_\_ do hereby state and further affirm that the grant application as submitted is a true and accurate request and if awarded the grant will not be used for any other purposes except those which are stated in the above request.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Title \_\_\_\_\_

Please return form to:  
The Division of Child Care &  
Early Childhood Education  
101 E. Capitol, Suite 106  
Little Rock, AR 72201

IMMUNIZATION CONTROL FORM

Name of Facility \_\_\_\_\_ Number Enrolled \_\_\_\_\_ Date Form Completed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Director/Owner \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Place Month, Date, Year in Each Box

Name or Initial	DOB	Age in Months	HIB (HBCV)				DTP				Polio					MMR	*Hep B		
			2mo	4mo	6mo	15mo	2mo	4mo	6mo	12mo	4-6yr	2mo	4mo	6-18mo	4-6yr	12-15mo	Birth	2-4mo	6-18mo

\*REQUIRED FOR CHILDREN BORN SINCE NOVEMBER 22, 1991



